

## Declaration for Utility or Design Patent Application

As a below-named inventor, I hereby declare that my residence, post office address, and citizenship are as stated below next to my name and that I believe that I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention, the specification of which is attached hereto and which has the following title:

Ultra-High Fiber Supplement and Method of Weight Reduction

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to in the oath or declaration. I acknowledge a duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, Section 1.56(a).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code, Section 1001, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Please send correspondence and make telephone calls to the First Inventor below.

Signature: Sole/First Inventor: \_\_\_\_\_

Print Name: \_\_\_\_\_

Scott Levine MD

Date: \_\_\_\_\_

Legal Residence:\*

7224 Jaffery Court ORLANDO FL 32835

Citizen of: \_\_\_\_\_

USA

Post Office Address: \_\_\_\_\_

7350 Sandlake Commons Blvd. Ste. 2215

ORLANDO FL 32819

Telephone: \_\_\_\_\_

407-363-1515

Signature: Joint/Second Inventor: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Legal Residence:\*

Citizen of: \_\_\_\_\_

Post Office Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

\* City and state, county and state or city, state and country, if foreign.

In the United States Patent and Trademark Office

Serial Number: \_\_\_\_\_

Appn. Filed: \_\_\_\_\_

Applicant(s): Scott Levine MD

Appn. Title: ULTRA-High Fiber Supplement And Method of Weight Reduction

Examiner/GAU: \_\_\_\_\_

Mailed: 2001, Aug 24, Friday  
At: ORLANDO, FL

Information Disclosure Statement

Commissioner for Patents

Washington, District of Columbia 20231

Sir:

Attached is a completed Form PTO-1449 and copies of the pertinent parts of the references cited thereon. Following are comments on any non-English-language references pursuant to Rule 98:

Very respectfully,

Applicant(s): Scott Levine MD (Scott Levine)

Enc.: PTO-1449 & References

c/o: Scott Levine MD  
7350 Sandlake Commons Blvd Ste 2215  
ORLANDO, FL 32819

Telephone: 407-363-1515

Certificate of Mailing

I certify that this correspondence will be deposited with the United States Postal Service as first class mail with proper postage affixed in an envelope addressed to: "Commissioner for Patents, Washington, DC 20231" on the date below.

Date: 8/24/2001 Scott Levine MD  
8/24/2001